



DEPT OF ECOLOGY

AUG 25 2011

For Ecology Use  
(Date Stamp)

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AUG 25 2011

WA State Department  
of Ecology (SWRO)**Water Resources Program**  
**Application for a Water Right Permit**☐ SURFACE WATER ☒ GROUND WATER ☐ PERMANENT☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.****Section 1. APPLICANT**

Applicant/Business Name: Rainier Sprouts Attention: Young Son Address: 9501 State Ave. #B City: Marysville Email Address (optional):	Phone No: (425) 268-4302 State: WA Zip: 98290	Other No:
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Contact Name (if different from above): Jill Van Hulle Relationship to Applicant: Consultant Address: 3130 60 <sup>th</sup> Loop SE City: Olympia Email Address (optional): Jill@pgwg.com	Phone No: (360) 413-1510 State: WA Zip: 98501	Other No:
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Legal Land Owner or Part Owner Name of the Proposed Place of Use: Mal Soo Sin Address: 10310 Vickery Ave. E City: Tacoma Email Address (optional):	Phone No: State: WA Zip: 98446	Other No:
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**Section 2. STATEMENT OF INTENT**Briefly describe the purpose of your proposed project: water supply for industrial bean sprout productionAnticipated length of time to complete your project: 2 years from permit issuance**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Industrial	50		25	Continuously, subject to instream flows
<b>TOTAL:</b>	50		25	

For Ecology Use	APPLICATION NO: <u>G 2-30581</u>	SEPA: Exempt/Not Exempt
Fee Paid: <input checked="" type="checkbox"/>	Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>8/25/11</u> By <u>JC</u> WRIA: <u>12</u>



Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? [ ] YES [X] NO

Is this request for a temporary permit? [ ] YES [X] NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source			
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
Source Name: _____				Well diameter & depth: 6 inches, to 300 feet			
Tributary to: _____				Number of proposed points of withdrawal: 1			
Number of proposed diversion points: _____				Do you have an existing well? [ ] YES [X] NO			
Do you have an existing diversion? [ ] YES [ ] NO				If available, attach Water Well Report and pump test.			
Well Tag ID No. _____							
C.) Point of Diversion/Withdrawal – Legal Description							
Parcel No.	¼	¼	Section	Township	Range	County	
0319021089	SE	NE	2	19	3E	Pierce	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet ([ ] North/[ ] South) and _____ feet ([ ] East/[ ] West) from the ([ ]NW [ ]SW [ ]NE [ ]SE [ ] ) corner of Section _____.							
Parcel No.	¼	¼	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ([ ] North/[ ] South) and _____ feet ([ ] East/[ ] West) from the ([ ]NW [ ]SW [ ]NE [ ]SE [ ] ) corner of Section _____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? [X] YES [ ] NO

If no, do you have legal authority to make this application for use of another's land? [ ] YES [ ] NO

Provide the owner name(s), address, and phone number: \_\_\_\_\_

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Section 02 Township 19 Range 03 Quarter 14 : BEG 175 FT N & 30 FT W OF SE COR OF NE TH N 485 FT TH W 389.53 FT M/L TO E LI OF F ST TH S 485 FT M/L TO INTER A LI PAR/W & 20 FT N OF B 86 QUIMETTES 5TH ADD TH E 397.65 FT TO BEG TOG/W VAC 20 FT ALLEY LYING S OF AFOREMENTIONED PROP & N OF L 1-16 B 86 QUIMETTES ADD PER SUP CT ORDER CAUSE #83 230786 2 ALSO TOG/W L 1-16 B 86 QUIMETTES 5TH ADD ALSO TOG/W POR VACATED "F" ST COMBINED FOR TAX PURPOSES ONLY PER REQUEST DATED 3-9-90 COMB OF 1-005 & 658550-011-0 SEG C0326BL 10-7-91BO DCBL12-8-95

For Ecology Use	APPLICATION NO: 62-30581	SEPA: Exempt/Not Exempt
	Fee Paid: [X] Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date 8/25/11 By [Signature] WRIA: 12/Pierce



1/4	1/4	Section	Twp.	Range	County	Parcel No.
		2	19	3E	Pierce	0319021089

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_  
\_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_  
\_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Proposed system will include a well (to be constructed) and distribution system to bean sprout growing facility  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**

(Complete A or B, and C below)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: <u>Rainier Sprouts will continue to purchase water for domestic supply from Summit Water &amp; Supply Co. and augment supply during periods of time when well cannot be operated due to any restrictions imposed by Ecology</u> _____ _____	

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: Rainier Sprouts produces bean sprouts and needs a continuous supply of fresh water, water is used for germination, flushing, cleaning and harvesting sprouts

### Other Use

## Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.



## Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Take I-5 North to Exit 127 and head east on WA-512, take Portland Ave exit and turn left onto Portland Ave, and then right onto 104<sup>th</sup> Street and left onto Vickery Ave.

Site Address: 10310 Vickery Ave. E.

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

YOUNG W. SON  
Print Name  
(Applicant or authorized representative)

[Signature]  
Signature

08-01-11  
Date

Mal Soo Sin  
Print Name  
(Legal Owner or Part Owner Place of Use)

[Signature]  
Signature

8/16/2011  
Date

Young H. Sin  
Print Name  
(Legal Owner or Part Owner Place of Use)

Young Hee Sin  
Signature

8-16-2011  
Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

